

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/50739

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	2			1		
5	1			1		
6	1			1		
7				1		
8				1		
9				1		
10		1		1		
11	1			1		
12	1			1		
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TOTAL IND.	1		1			
TOTAL DEP.	14	←	12	←		←
TOTAL CLAIMS	15	████████	13	████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					↓	
TOTAL DEP.		←		↓	←	←
TOTAL CLAIMS		████████	████████	████████	████████	████████